



2013 MEASURE U FALL APPLICATION FORM

APPLICANT INFORMATION

Name of Organization:

Type of Organization (Non-profit, HOA, Govt.):

Contact Person:

Organization's Address:

State / Zip:

Office/Cell Phone Number:

Email Address:

Internet Address:

PROJECT SUMMARY

1. Name of Project/Program:
2. Project Category (Recreation/Arts/Mobility):
3. Start / End Date:
4. Measure U Funds Requested: \$_____

SECTION A – PRELIMINARY QUALIFICATIONS

1. How does the project/program fit within the Town’s adopted plans?
2. How does the project/program align with goals and priorities established by the Town?
3. Describe the project’s/program Conceptual Plan or attach the Business Plan, including a detailed budget showing all anticipated revenue and expenditures associated with the project. (This should be an attachment to the application titled: “Project Concept Plan/Business Plan”).
4. Provide a one (1) page Executive Summary of your project/program. (This should be an attachment to the application titled: “Project Executive Summary”).

5. Is this project/program funding request for:

____ Multiple years of funding, or

____ Single year of funding

6. Identify all principles involved in this project/program and their responsibilities.

a. Applicant

b. Affiliated parties/agencies

c. Consultant or other support

SECTION B – PROJECT DESCRIPTION

1. Project Location

A. What is the location(s) of your project/program?

2. Do you have owner and/or jurisdictional approval to use the location identified in the application?

If yes, please provide documentation of approval.

If no, describe how and when you will secure the approval.

3. Will this project or program involve the purchase of equipment?

If yes, who will own it? Who will be allowed to use it? Who will maintain it? How will it be stored?
What is the estimated replacement timeline and cost?

4. Will any Operational funds be required for your project/program?

If yes, please describe what is required, when it's required, the timeline/schedule and cost.

5. Will there be Contractual Service hours used for any phase of your project/program?

If yes, please identify which task or phase, how many hours and the value of those hours.

6. Will there be volunteer hours used for any phase of your project/program?

If yes, please identify which task or phase, how many hours and the value of those hours.

- 7. Have any public (including Measure R and U) or private funds been previously committed, or is presently committed, to this project/program?**

If yes, please identify amount and year of funding or award.

- 8. Was public or private funding in place for this project/program before June 8, 2010?**

If yes, please describe how you are enhancing or improving the project/program.

- 9. Identify your matching or leveraged resources, funds, volunteers, etc. Identify if Measure U is the only funding source for your project/program.**

- 10. Is your project/program going to have an impact (positive or negative) on existing use in the residential neighborhood or business location you have identified? Please describe**

COMPLETE THE FOLLOWING SECTION IF YOU ARE APPLYING FOR CAPITAL FUNDS ONLY

- 1. Based upon your project type, who is/will be (organization & person) responsible for maintenance and operation upon completion of the project/program? Please provide documentation of identified party's responsible for categories below.**

A. Ownership:

B. Maintenance:

C. Operation:

D. Liability & Insurance:

- 2. Will any Pre-Development/Design funds be required for your project/program?**

If yes, please describe what is required, when it's required, the timeline/schedule and cost.

- 3. Will any Implementation/Construction funds be required for your project/program?**

If yes, please provide the scope of work, timeline and budget.

- 4. Will any Maintenance funds be required for your project/program?**

If yes, please describe what is required, when it's required, the timeline/schedule and cost.

- 5. Will any Replacement funds be required for your project/program?**

If yes, please describe what is required, when it's required, the timeline/schedule and cost.

SECTION C – PROJECT BENEFITS

1. Describe how the project/program provides a measurable community benefit (increased revenue, improved quality of life, etc.).
2. What is your target market - residents or visitors or both? What is the estimated number of users/participants/attendees?
3. Is the project/program a one-time or recurring activity?
4. Please provide any additional information you would like the Measure U Application Committee to consider when reviewing your application.

SECTION D – PROJECT FEASIBILITY

Feasibility studies will be required for 'top tier' projects in order to clearly identify the level of funding required for the life of a project/program. It is in the best interest of the applicant to complete the feasibility section of the application. For any clarification regarding the questions or degree of detail that needs to be provided, please contact Town Staff.

1. Competitive Supply Analysis

- A. Provide a review of both direct and indirect competition and the strengths and weaknesses of the competition (SWOT) – identification of where the proposed project fits within the marketplace.

2. Identification of Market Opportunity

- A. Identify the long-term opportunity that the project/program presents.

3. Describe the targeted users of your project/program (include the number of participants).

4. Projected Multi-Year Demand Analysis

- A. Provide the projected demand with assumptions.

5. Projected Multi-Year Revenue Projections

- A. Projected revenue with pricing assumptions.

6. Cost Analysis – Provide the estimated one time or annual costs for each phase of your project/program (where applicable):

- 1. Land acquisition costs:
- 2. Equipment acquisition:
- 3. Site preparation/demolition and site prep costs:
- 4. Entitlement costs:
- 5. Architect and planning costs:
- 6. Construction costs:
- 7. Operational costs:

8. Maintenance costs:
9. Programming costs:
10. Other:

Feasibility Analysis

1. Project and Financial Assumptions

- A. Please state assumptions which are the basis of the pro forma development.

2. Multi-Scenario Pro Formas

- A. Provide one or two pro forma scenarios to understand the project's/program's financial feasibility. Within this element it is recommended that a 5-year operating budget be developed.

3. Risk Analysis

- A. Identify project/program risks.

4. Project Schedule

- A. Identify the necessary implementation tasks required for your project/program.

5. Quality of Life Analysis

- A. Identify positive and negative project/program effects on the quality of life for the community of Mammoth Lakes.